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The Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service effective?

Inadequate ●

Is the service responsive?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 21 August 2015. Breaches of legal requirements were found and warning notices were issued in respect of three breaches. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the warning notices. We undertook this focused inspection to check that they had followed their plan and to confirm that they had complied with the requirements of the warning notices. This report only covers our findings in relation to those notices.

We have not changed the overall rating for this service as a result of this inspection, which was only to follow up our enforcement action. The service remains inadequate and in special measures. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Lodge Care Home on our website at www.cqc.org.uk

The Lodge Care Home provides accommodation and support to a maximum of 20 older people, some of whom may be living with dementia. At the time of the inspection there were 15 people using the service.

It is operated by a partnership with one of the partners being registered as manager. That person is referred to as the registered manager throughout the report. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection people were being supported by staff who had little or no training to ensure they were competent to meet people's needs. At this inspection we found that staff had completed a range of training to help them understand and meet people's needs including those people who were living with dementia.

At our last inspection people's needs and preferences were not taken into account in the way the service was delivered. Institutional routines had developed and people were being woken to get up from 3.15am. There was little opportunity for people to engage in recreational and social activities. At this inspection we found that people were not assisted to get up before 6am unless it was their expressed wish and were supported with better regard to their preferred routines. Staff were able to spend more time with people just talking or offering more activities.

The registered manager had improved the way that the quality and safety of the service was monitored and had identified where further improvements should be made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Inadequate ●

We found that action had been taken to improve the effectiveness of the service.

Staff had completed relevant training and the skill mix of staff was better deployed to meet people's needs. The warning notice we issued was complied with.

We could not improve the rating for the effectiveness of the service from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service responsive?

Inadequate ●

We found that action had been taken to improve the responsiveness of the service.

People's needs and preferences were better taken into account and acted upon by staff. The warning notice we issued was complied with.

We could not improve the rating for the responsiveness of the service from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Is the service well-led?

Inadequate ●

We found that action had been taken to improve leadership within the service.

Systems for monitoring the quality and safety of the service people received were better developed so that the registered manager was more aware of the improvements needed. The warning notice we issued was complied with.

We could not improve the rating for the leadership of the service from inadequate because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

The Lodge Care Home

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of The Lodge Care Home on 1 December 2015 at 4.25am. This inspection was carried out to check that requirements of warning notices, issued after our 21 August 2015 inspection, had been met. The team inspected the service against parts of three of the five questions we ask about services: is the service effective, responsive and is it well-led. This was because the service was subject to warning notices in each of these areas.

The inspection was completed by three inspectors.

We spoke with four people who lived at the home and looked at records associated with the care of five people living in the home. We spoke with four members of care staff, two of whom were waking night staff. We reviewed training records for ten staff, quality assurance questionnaires and the findings of the registered manager's quality assurance checks.

Is the service effective?

Our findings

At our last inspection of this service on 21 August 2015 we found major shortfalls in the standards of care at the service and it was placed into special measures. We served a warning notice on the provider and registered manager outlining our concerns for the effectiveness of the service. There was a lack of sufficient competent staff to meet people's needs effectively. Staff were working without having completed training relevant to their roles and to the needs of people living in the home. Some staff had been promoted to positions as 'senior carer' without any training and, in one case, no previous experience in care work. Staff were responsible for administering medicines without having had appropriate training. The warning notice told the provider and registered manager they must make improvements by 5 November 2015. At this inspection, we checked whether the failings set out in the warning notice had been addressed.

The registered manager supplied us with information confirming that she would voluntarily limit occupancy to no more than 16 people and that there would be three care staff on day shifts. The duty rosters that the registered manager sent to us showed that arrangements had been made to ensure there were three staff on day shifts and newer staff were working with experienced colleagues.

When we arrived for this inspection we found that the staffing arrangements for both day and night shifts corresponded to the duty roster. There were two staff on waking night duty when we arrived. They responded to requests for assistance promptly and call bells were answered in a timely manner.

We observed that three care staff arrived for the day shift at 6am. After the hand-over between the shifts these staff assisted people to get up if they wished. We noted that there was someone available to those who did get up, to offer drinks promptly and who could also monitor the safety of people using communal areas.

Night staff confirmed that they had completed a lot of training recently. One of these staff was on duty for our last inspection. At that time they had been working without training in moving and handling, even though a hoist was needed for one person and a stand-aid for another person. The staff member confirmed that they had completed the training they needed to safely move and re-position people. We were unable to corroborate what the night staff member had told us from training certificates. However, two staff on day shift confirmed that they had also received practical training in moving and handling and the manager confirmed this was completed in October 2015.

We reviewed the training certificates for ten members of staff currently working in the service. These showed a range of training had been completed to provide underpinning knowledge for staff about people's needs. It included training in first aid, safeguarding vulnerable people, fire safety and health and safety. Eight staff had completed additional training to support people living with dementia. We noted from records that all of the staff responsible for the administration of medicines had completed training in this area. The manager told us that she was now monitoring training so that she could ensure staff kept up to date and completed training when it was required.

We concluded that improvements had been made in staffing arrangements and the training that staff received to support people effectively. However, we have not amended our rating for effectiveness of the service from inadequate, because to do so requires consistent practice over time; we did not check other aspects of the effectiveness of the service. We will check this during our next comprehensive inspection.

Is the service responsive?

Our findings

At our last inspection of this service on 21 August 2015 we found major shortfalls in the standards of care at the service and it was placed into special measures. We served a warning notice on the provider and registered manager outlining our concerns for the responsiveness of the service. We found the care and treatment people received was not appropriate to their needs. Care was not designed, planned or provided in a way that met people's preferences. People were being woken up and assisted out of bed from 3.15am without regard to their preferred routine. People were not offered drinks between the time they got up and 6.15am. They were not offered breakfast until 8am, despite having been assisted to rise before 4.30am. People were not offered activities that reflected their interests. This told them they must make improvements by 5 November 2015. At this inspection, we checked whether the failings set out in the warning notice had been addressed.

At our last inspection we found that there was no guidance for staff about how they should support one person with managing their diabetes. There was no information for staff about the person's expected blood sugar levels or what to do if there were concerns about these. At this inspection, we found that professional advice had been sought following that inspection and incorporated into the person's plan of care. This showed what the acceptable blood sugar range was and what staff should do if it was above or below that range. However, we found that staff did not act in accordance with the advice when the person's blood sugars were high. We raised this with the person in charge of the day shift and referred the matter to the local safeguarding team.

We arrived at the home for this inspection at 4.25am. We found that no one was already up as had been the case at our last inspection. Staff were clear that no one was assisted out of bed before 6am unless they expressed a wish to get up. The staff duty roster had been restructured so that people were not routinely assisted to rise by night staff before their shift ended. Day staff started work at 6am and told us that this worked well. They assisted people to get up after their hand over from night staff. No one living in the home expressed concerns to us that they had been assisted to rise against their will.

We found that the times people preferred to get up and go to bed were recorded within their plans of care. We saw from daily records that these preferences were better respected by staff. This was also shown at the hand over between night staff and the day shift. For example, one person was reported as awake when they were checked at 5.30am, had been offered a drink, and staff had respected their wish to stay in bed.

Care plans had improved the way that they recorded people's life histories and interests. We found that, although still under developed, people were supported with some activities and that staff spent more time during the day, talking with people. Staff said that they sometimes read newspapers with people, or played snakes and ladders or skittles. Recently completed surveys of people living in the home, their relatives and visiting professionals, showed that they were satisfied with the way people's needs were met. Responses were positive and only one commented that they felt there could be more activities on offer.

We concluded that there had been improvements in the way that care was delivered to meet people's needs

and preferences. However, we have not amended our rating for the responsiveness of the service from inadequate, because to do so requires consistent practice over time; we did not check other aspects of the responsiveness of the service. We will check this during our next comprehensive inspection.

Is the service well-led?

Our findings

At our inspection on 21 August 2015, we found that the registered manager had supplied inaccurate information to us in response to a complaint from December 2014, and to the local safeguarding team in response to a referral in August 2015. They had not identified or addressed concerns that people were being assisted to rise from 3.15am. Some assessments of risks to which people were exposed were inaccurate, only partially completed and not updated promptly when people's needs changed. There was a lack of guidance for staff about how risks to people should be managed and minimised. This included a failure to address risks associated with the practice of locking someone in their room (at their request), an unsuitable lock for the purpose and fire safety.

The registered manager and provider were unaware of the content of regulations and had not carried out robust audits to ensure the service complied with regulations. We served a warning notice on the provider and manager outlining our concerns. This told them they must make improvements by 5 November 2015. At this inspection, we checked whether the failings set out in the warning notice had been addressed.

The registered manager had taken action to restructure duty rosters and ensure that people were not assisted to get up early unless this was their expressed wish.

Improvements had been made to fire safety within the building. A replacement lock had been fitted so that a person was able to come out of their room as they wished, rather than waiting for assistance from staff. We found that individual plans of care contained guidance for staff about how each person needed to be supported should a fire break out. A repeat visit by the fire safety officer confirmed significant improvements and that they had no on-going concerns about people's safety in the event of fire.

One person had commented in a previous survey that they would like to see a better selection of books in the home for them to read. At this inspection, the person told us that this had improved and that lots of new books had been provided.

We saw that, although there was a lack of guidance within a care plan about supporting someone who became agitated, professional advice was being sought. We also noted that assessments of risk were updated promptly following incidents so that they better reflected how staff were to minimise risks to people's safety.

We found from records of checks that the registered manager had made, they had identified shortfalls in the process for planning care and assessing people's needs. They considered that care records should be further improved to ensure care was planned and delivered in a way that focused on each person's needs. Additional training had been provided for staff and input from a consultant had been sourced to ensure further improvements were made.

We concluded that systems for monitoring the quality and safety of the service had improved so that shortfalls would be more easily identified, managed and addressed. However, we have not amended our

rating for the leadership of the service from inadequate, because to do so requires consistent practice over time; we did not check other aspects of the leadership of the service. We will check this during our next comprehensive inspection.